



ARIZONA DEPARTMENT OF WEIGHTS AND MEASURES

4425 W Olive Avenue, Suite 134, Glendale AZ 85302-3844

Phoenix Metro Assistance: (623) 463-9946

Outside Phoenix Metro : 1-800-277-6675 FAX: 602-255-1950

www.azdwm.gov

REGISTERED SERVICE REPRESENTATIVE (RSR) APPLICATION
FOR VAPOR RECOVERY ONLY

LICENSE FEE = \$4.80

(DO NOT PAY NOW - you will be billed after applicant passes test)

PLEASE PRINT

APPLICANT NAME:

EMPLOYED BY:

RSA #:

If you were licensed within the past year as a RSR but worked for another Registered Service Agency, indicate your RSR#:

Previous employer's RSA#:

Has your license ever been suspended or revoked? NO YES

Year:

Reason:

In order to demonstrate compliance with R20-2-601 (B)(1)(a-c) please provide the Department with the following information.

Indicate Relevant Experience and Equipment or System Certifications

	Manufacture	Equipment, System	Date of Certification	Certification Number
1				
2				
3				
4				
5				
6				

Indicate Specific Technical Training on CARB Executive Orders:

	Description of training	Date of Training
1		
2		
3		
4		
5		
6		

I certify that I will comply with applicable sections of ARS, Title 41, Chapter 15 and AAC Title 20, Chapter 2, and NIST Handbook 44 and 112 or CARB Executive Orders related to this license.

Falsification of any information on this form could result in revocation or denial of a license and may be subject to civil penalties under A.A.C. R20-2-604 (B).

APPLICANT:

DATE:

I certify that the applicant meets all legal requirements for an RSR license, has the necessary technical knowledge and has the necessary reference material and certified testing equipment to perform RSR duties.

Falsification of any information on this form could result in revocation or denial of a license and may be subject to civil penalties under A.A.C. R20-2-604 (B).

RSA SIGNATURE:

DATE:

APPLICATION QUESTIONS?: contact Duane Yantorno 623-463-9942 or Shawn Marquez at 623-463-9940.

DEPT USE:

Test Confirmation Sent: